with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT

OCL 5 0 2020

	for theDistrict of	
	Division	
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V- Michael Ruben's Blumberg Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please parts of the page attached" in the space and attach on additional page.	Case No.) Jury Trial: (ch)))))))))	3:20-mc-59 (to be filled in by the Clerk's Office) Varlan/Poplin eck one) Yes No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

needed.	low for each plaintiff named in the complaint. Attach additional pages if
Name	Hannal Mothews Parton
Address	20111. Spring dale flue
	Knoxulle TN 37917
	City State Zip Code
County	Knox
Telephone Number	865-232-2619
E-Mail Address	Hannah Parton 007 @ ghoul - (on
The Defendant(s)	
individual, a government ag include the person's job or	low for each defendant named in the complaint, whether the defendant is gency, an organization, or a corporation. For an individual defendant, title (if known) and check whether you are bringing this complaint against acity or official capacity, or both. Attach additional pages if needed.
Defendant No. 1	2
Name	Michael Rubens Bloomberg
Job or Title (if known)	CFO
Address	731 Lexination Ave.
	NewYork NY 10022
	City State Zip Code
County	City State Zip Code
Telephone Number	City State Zip Code 212-318-2000
•	City State Zip Code 212-318-2000
Telephone Number	City State Zip Code 212-318-2000
Telephone Number E-Mail Address (if know	City State Zip Code 212-318-2000 Mbloomberg@bloomberg.net
Telephone Number E-Mail Address (if know Defendant No. 2	City State Zip Code 212-318-200 Mbloomberg@bloomberg.net
Telephone Number E-Mail Address (if know Defendant No. 2 Name	City State Zip Code 212-318-2000 Mbloomberg@bloomberg.net
Telephone Number E-Mail Address (if know Defendant No. 2 Name Job or Title (if known)	City State Zip Code 212-318-200 Mbloomberg@bloomberg.net
Telephone Number E-Mail Address (if know Defendant No. 2 Name	City State Zip Code 212-318-2000 Mbloomberg@bloomberg.net
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known) Address	City State Zip Code 212-318-2000 Mbloomberg@bloomberg.net
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known) Address County	City State Zip Code 212-318-2000 Mbloomberg@bloomberg.net Individual capacity Official capacity
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known) Address	City State Zip Code 212-318-2000 Mbloomberg@bloomberg.net Individual capacity Official capacity City State Zip Code

	Defendant No. 3		•	
	Name			
	Job or Title (if known)		etten salvaninaatiksi tiinitti ke-Tal III kalkkallinettimasta olika kontikan kun tiinakaatika talaan kankaati	
	Address			
		City	State	Zip Code
	County			
	Telephone Number E-Mail Address (if known)			
		Individual capacity	Official capacity	y
	Defendant No. 4			
	Name			
	Job or Title (if known)			
	Address			
		City	State	Zip Code
	County	•		
	Telephone Number			
	E-Mail Address (if known)			
		Individual capacity	Official capacity	y ·
Basis	for Jurisdiction			
immu Feder	42 U.S.C. § 1983, you may sue stat nities secured by the Constitution an al Bureau of Narcotics, 403 U.S. 38 tutional rights.	d [federal laws]." Under Biv	vens v. Six Unknown No	amed Agents of
A.	Are you bringing suit against (chec	ck all that apply):		
	Federal officials (a Bivens cla	nim)		
	State or local officials (a § 19	983 claim)		
B.	Section 1983 allows claims alleging the Constitution and [federal laws federal constitutional or statutory Severe form of L]." 42 U.S.C. § 1983. If you right(s) do you claim is/are b	are suing under section are violated by state	on 1983, what
		The second secon	and the second s	
C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what cons officials?			

D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any
	statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
	42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color
	of state or local law. If you are suing under Bivens, explain how each defendant acted under color of
	federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Ongoing 1988-2028

B. What date and approximate time did the events giving rise to your claim(s) occur?

ongoing 24-7

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

was brought to US by grandmother Dween Elizabeth. Was kidnapped, and illegally forced equipment throughout my body for the Sole purpose of theman Trathicking. Access was sold to capitalizing terrorist. My life has been terrorized.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Mental Mental Psychological-PTSD Financial

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Domestic Terrorism
Human Trafficking
Color of Law Abuse
Conspiracy Against Rights
Rico - Rackettering
Privacy Invasion
False Imprisionment
Identity Theft

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: $9.23-2020$
	Signature of Plaintiff Printed Name of Plaintiff Hannah Mathews Parton
В.	For Attorneys
	Date of signing:
	Signature of Attorney
	Printed Name of Attorney
	Bar Number
	Name of Law Firm
	Address
	City State Zip Code
	Telephone Number
	E-mail Address

LINGUIL BOUNDANCE The

800 Market St. #311 Knoxville, MO, 37902



